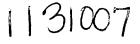
. FORM D

U. S. SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549





NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

SE	C USE C	NLY
Prefix		Serial
DA.	TE RECE	IVED

<u> </u>
Name of Offering (check if this is an amendment and name has changed, and indicate change.) ECNext, Inc. Private Placement (Series C Preferred Stock)
Filing Under (Check box(es) that apply): Rule 504 Rule 505X Rule 506X Section 4(6)X ULOE
Type of Filing: X New Filing Amendment RECEIVED RECEIVED
A. BASIC IDENTIFICATION DATA
1. Enter the information requested about the issuer
Name of Issuer (_ check if this is an amendment and name has changed, and indicate change.) ECNext, Inc.
Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Incitiging Area Code)
10104 Brewster Lane, Suite 125, Powell, Ohio 43065 Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Noting Area Code)
(if different from Executive Offices) Brief Description of Business
e-commerce service provider to the commercial content industry
Type of Business Organization ☐ corporation ☐ limited partnership, already formed ☐ other (please specify): ☐ PROCESSED
□ business trust □ limited partnership, to be formed □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
Actual or Estimated Date of Incorporation or Organization: Month Year Actual Estimated FINANCIAL
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction)
GENERAL INSTRUCTIONS
Federal:
Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.
Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.
Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.
Filing Fee: There is no federal filing fee.
State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been, made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.
ATTENTION Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely,

failure to file the appropriate federal notice will not result in a loss of available state exemption unless, such

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exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - · Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - · Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	Promoter	X Beneficial Owner	X Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if i Smith, Randall K.	individual)				
Business or Residence Address (I					
heck Box(es) that Apply:	Promoter	X Beneficial Owner	Executive Officer	_X Director	General and/or Managing Partner
ull Name (Last name first, if i enkins, George L.	individual)				
usiness or Residence Addres 0104 Brewster Lane					
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	X Director	General and/or Managing Partner
Full Name (Last name first, if i Seitz, Tadd C.	individual)				
Business or Residence Address 10104 Brewster Lane	ss (Number and S , Suite 125, F	treet, City, State, Zip Code) Powell, Ohio 43065			
heck Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	X Director	General and/or Managing Partner
ull Name (Last name first, if i	individual)				
usiness or Residence Addres 0104 Brewster Lane					
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	X Director	General and/or Managing Partner
Full Name (Last name first, if i Hélou, Francois	individual)				
Business or Residence Address 10104 Brewster Lane					
heck Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	X Director	General and/or Managing Partner
ull Name (Last name first, if i Vilson, Murray R.	individual)				
usiness or Residence Addre		itreet, City, State, Zip Code) Powell, Ohio 43065			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	X_ Director	General and/or Managing Partner
Full Name (Last name first, if i Nero, Robert A.	individual)				
Business or Residence Addre		Powell, Ohio 43065			
		(Use blank sheet, or copy and use	e additional copies of this sheet, as	necessary)	

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - · Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	Promoter	X Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if in River Cities Capital F		d Partnership			
Business or Residence Address (N 221 East Fourth Stree			202		
heck Box(es) that Apply:	Promoter	X Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
ull Name (Last name first, if ir Athenian Venture Par					···
usiness or Residence Addres echnology & Enterp			e, Suite 190, Athens, Ohio 45	701-3751	
Check Box(es) that Apply:	Promoter	X Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if in Athenian Venture Par					
Business or Residence Address Technology & Enterpo			e, Suite 190, Athens, Ohio 45	701-3751	
heck Box(es) that Apply:	Promoter	Beneficial Owner	X Executive Officer	Director	General and/or Managing Partner
ull Name (Last name first, if ir Norgan, Michael	ndividual)				
usiness or Residence Addres 0104 Brewster Lane					
Check Box(es) that Apply:	Promoter	Beneficial Owner	_X Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if in Perkins, Michael	ndividual)		····		
Business or Residence Address 10104 Brewster Lane				······	
heck Box(es) that Apply:	Promoter	X Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
ull Name (Last name first, if in J.S. Group – Midwes					
usiness or Residence Addres 1760 Orion Place, Su	s (Number and St ite 200, Colui	reet, City, State, Zip Code) mbus, Ohio 43240			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if in	ndividual)	,			
Business or Residence Address	s (Number and St	reet, City, State, Zip Code)			

				B.	INFORM	IATION A	ABOUT C	FFERIN	G				
			<u> </u>									Yes	No
1.	Has the issue	er sold, or do	es the issuer	intend to se	li, to non-acc	redited inves	stors in this o	ffering?					<u>X</u>
				A = 0:	or alaa in A	adir Cal			_				
				Alls	wer also in A	ppendix, Coi	UITIII 2, II (IIIII)	y under OLO	'⊏.				
2.	What is the r	minimum inve	estment that	will be accep	ted from any	individual?						\$ <u> </u>	I/A
												Yes	No
3.	Does the offe	ering permit j	oint ownershi	ip of a single	unit?	*****************		••••••				<u>X</u>	
4.	remuneration	n for solicitati	on of purchas	sers in conne	ection with sa	ales of secur	ities in the of	fering. If a p	erson to be Î	isted is an as	ssion or simil sociated pers	on	
	or agent of a persons to be										ore than five (er only.		
Full Name (Las	It name first, if inc	dividual)			·								I/A
	A 1101110 11101, 11 111	a											
Business or Re	sidence Address	(Number and	Street, City, St	ate, Zip Code)								
Name of Assoc	iated Broker or D	Dealer											
	h Person Listed I											All	States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
[MT] [RI]	[NE] [SC]	(NV) [SD]	[NH] [TN]	[NJ] [TX]	[MM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]	
			[114]	[17]	[01]			[WA]	[M A]	[MT]		[PK]	
ruii Name (Las	t name first, if ind	dividual)											
Business or Re	esidence Address	(Number and	Street, City, St	ate. Zip Code									
			, - , ,		•								
Name of Assoc	iated Broker or D	Dealer											
States in Which	Person Listed I	Has Solicited o	r Intends to So	licit Purchaser	'S			 .				All	States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	0.0.00
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
[MT] [RI]	[NE] [SC]	[NV] [SD]	(NH) [TN]	[NJ] [XT]	[MM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[HO] [WW]	[OK]	[OR] [WY]	[PA] [PR]	
	st name first, if in		£ 114]	(171	(01)	[[]		[WA]			[MI]	(FR)	- · · · · · · · · · · · · · · · · · · ·
Full Name (Las	st name arst, if in	dividual)											
Business or Re	sidence Address	s (Number and	Street, City, St	late, Zip Code)				·				
		•											
Name of Assoc	iated Broker or D	Dealer	· · · · · · · · · · · · · · · · · · ·							-			
	h Person Listed I											All	States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	^ [ID]	
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
[MT] [RI]	(NE) [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[MM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]	
(1,1)	[]	,				,					<u>.</u> <u></u>		

yev.			
1.	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND U Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering,	ISE OF PROCEE	JS - Constitution of the C
	check this box \underline{X} and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$0	\$0
	Equity	\$ <u>3,750,000</u> *	\$_3,000,000 *
	Common X Preferred (Series B3, B4 and C)		
	Convertible Securities (including warrants)	\$0	\$0
	Partnership Interests	\$0	\$
	Other (Specify)	\$	\$ <u> </u>
	Total	\$ <u>3,750,000</u> *	\$ <u>3,000,000</u> *
	Answer also in Appendix, Column 3, if filling under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indi-		
	cate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	5	\$ <u>3,000,000</u>
	Non-accredited Investors	0	\$0
	Total (for filings under Rule 504 only)	N/A	\$N/A
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.		
		Type of	Dollar Amount
	Type of offering	Security	Sold
	Rule 505	N/A	\$ <u>N/A</u>
	Regulation A	N/A	\$N/A
	Rule 504	N/A	\$ <u>N/A</u>
	Total	N/A	\$ <u>N/A</u>
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees	<u>_X</u>	\$_30,000
	Accounting Fees		\$

Total.....

\$ 30,000

Other Expenses (identify) ___

^{*} In connection with the offering of Series C Preferred Stock, certain shares of the issued and outstanding Series B and B2 Preferred Stock were exchanged for shares of Series B3 and B4 Preferred Stock, respectively, pursuant to the terms of that certain Series C Preferred Stock Purchase Agreement entered into as of September 25, 2002 by and among the Issuer and those investors set forth on the Schedule of Investors attached to such Agreement.

#F.".	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPEN	NSES AND USE OF FRO	CEEDS
	b. Enter the difference between the aggregate offering price given in response to Par Question 1 and total expenses furnished in response to Part C - Question 4.a. This differ is the "adjusted gross proceeds to the issuer."	rence	\$ <u>3,720,000</u>
5.	Indicate below the amount of the adjusted gross proceeds to the issuer used or propose used for each of the purposes shown. If the amount for any purpose is not known, further estimate and check the box to the left of the estimate. The total of the payments listed must the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b about 10 to 1	umish an ust equal	
		Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees	\$	\$
	Purchases of real estate	\$	\$
	Purchase, rental or leasing and installation of machinery and equipment	\$	\$
	Construction or leasing of plant buildings and facilities	\$\$	\$
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of a nother issuer pursuant to a merger)		\$
	Repayment of indebtedness	<u> </u>	\$
	Working capital	\$	<u>X</u> \$ <u>3,720,000</u>
	Other (specify):	\$	\$
		\$ \$	\$
	Column Totals	\$	X \$ 3,720,000
	Total Payments Listed (column totals added)	<u>X</u>	\$ <u>3,720,000</u>
n Ar	D. FEDERAL SIGNATURE		
folic	issuer had duly caused this notice to be signed by the undersigned duly authoric twing signature constitutes an undertaking by the issuer to furnish to the U.S. S st of its staff, the information furnished by the issuer to any non-accredited investor pur	ecurities and Exchange Com	nmission, upon written re
ssu	er (Print or Type)	Signature	Date
	Next, Inc. ne of Signer (Print or Type)	Title of Signer (Print or Type)	10/ /02
	dall K. Smith	President	

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001).

	E. STATE SIGNATURE		
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No
			<u>_X</u>

See Appendix, Column 5, for state response.

- The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	Date
ECNext, Inc.	RKSW	10/ /02
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
Randall K. Smith	President	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

1,000				and the second	APPENDIX						
1	Intended to according to the second to the s	d to sell non- edited stors in (Part B- m 1)	Type of security and aggregate offering price offered in State (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
AL											
AK											
AZ											
AR											
CA											
со											
СТ											
DE											
DC											
FL			<u> </u>								
GA											
HI											
ID											
IL											
IN											
IA											
KS											
KY											
LA											
ME	<u> </u>										
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explanate waiver gr (Part E-It	JnnomA	f investor and inchased in State to C-Item 2) Number of Non-Accredited Investors	nd truome	Number of Accredited	and aggregate offering price offered in State (Part C-Item 1)	non- bedited tors in (Part B- (f. rr.	noos sevni state	
səx	₃nnomA	Non-Accredited	InnomA	Accredited				
				Investors		ON	Хes	tate
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		∀/N	A/N A/N	A/N A/N 000,000,e\$	Y/N Y/N 000'000'£\$ \$	Y/N Y/N 000'000'6\$ \$.	A/N A/N 000,000,6\$ & d	V/N

^{* \$3,750,000} of shares of Series C Preferred Stock, and in connection therewith, Series B3 and B4 Preferred Stock.

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